

215047702  
70212

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 5

3	Total Number of Vehicles	Local No./ District 111	Agency Case No. B5-107347	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1							
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 11/17/2015		S M T W TH F S <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> (In Military Time)		STATE USE ONLY							
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1607	POLICE NOTIFIED 1608	11/17/2015							
B	45	ROAD ON WHICH ACCIDENT OCCURRED		STREET/ HIGHWAY NO. PIONEERS/ S. 14TH	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE							
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE							
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION									
V1/M	10	NAME OF INTERSECTING ROADWAY PIONEERS/S. 14TH											
V2/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN											
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO							
F	1	VEHICLE NO. 1											
V1/N	5	DRIVER LICENSE NO.	H13399326	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE							
V2/N	1	DRIVER	CHRISTIAN P WILLIAMSON	PHONE	402-984-0254	LOCAL NO.							
G	4	DRIVER ADDRESS	1017 GLENWOOD, HASTINGS, NE 68901	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	03/03/1994							
H	1	OWNER	CHRISTIAN P WILLIAMSON	PHONE	402-984-0254	LOCAL NO.							
V1/O	4	OWNER ADDRESS	1017 GLENWOOD, HASTINGS, NE 68901	CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB494784							
V2/O	4	LICENSE PLATE	PA NO. 14CS54	YEAR (Plate Expires)	2015	STATE (Of Plate) NE							
I	1	VEHICLE	2000	MAKE	Pontiac	MODEL	GTP	BODY STYLE	2 door Sedan	COLOR	red	ESTIMATED DAMAGE	<input checked="" type="radio"/> TOTALED \$
V1/P	1	VEHICLE ID NO. (VIN)	1G2WR1216YF116134	INSURANCE COMPANY	NONE	POLICY NO.							
V2/P	1	TOWED TO	IMPOUND LOT	TOWED BY	CAPITOL TOWING								
J	01	VEHICLE NO. 2											
V1/Q	1	DRIVER LICENSE NO.	H13545914	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE							
V2/Q	1	DRIVER	RICHARD E SANCHEZ	PHONE	402-570-3308	LOCAL NO.							
V3/Q	1	DRIVER ADDRESS	9020 DEL RIO DR, LINCOLN, NE 68516	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	07/31/1973							
V4/Q	1	OWNER	RICHARD SANCHEZ	PHONE	402-570-3308	LOCAL NO.							
V5/Q	1	OWNER ADDRESS	9020 DEL RIO DR, LINCOLN, NE 68516	CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.							
V6/Q	1	LICENSE PLATE	PA NO. SCI949	YEAR (Plate Expires)	2016	STATE (Of Plate) NE							
V7/Q	1	VEHICLE	2004	MAKE	Chevrolet	MODEL	CLP	BODY STYLE	4 door Sedan	COLOR	blue	ESTIMATED DAMAGE	<input type="radio"/> TOTALED \$ 5000
V8/Q	1	VEHICLE ID NO. (VIN)	1G1JH12F447178648	INSURANCE COMPANY	GEICO	POLICY NO.							
V9/Q	02	TOWED TO	IMPOUND LOT	TOWED BY	CAPITAL TOWING								
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)													
VEH. #	2	NAME	RICHARD E SANCHEZ	ADDRESS	9020 DEL RIO DR, LINCOLN, NE	DATE OF BIRTH (MM / DD / YYYY)	07/31/1973	1	2	3	4	5	SEX
		LOCAL NO.	402-570-3308	MEDICAL FACILITY NAME	BryanLGH Medical Center West (Lincoln General)	EMS SERVICE NAME	Lincoln Fire & Rescue	EMS RUN REPORT NO.					
VEH. #		NAME		ADDRESS									
		LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #		NAME		ADDRESS									
		LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



P.O.I- #1 6.2ft East of West curb of S. 14th  
14.1ft North of South curb of Pioneers

#2 27.3ft East of West curb of S. 14th  
8.9ft North of South curb of Pioneers

Entrance 1301 Pioneers  
State Penitentiary

## PIONEERS

S 14TH

*Not To Scale*

Driver of vehicle #1 states he was pulling out from entrance at Pioneers and crossing S. 14th when he pulled in front of vehicle #2. He stated that he thought he could make it across but could not and was struck directly in drivers door. After being struck he spun and made contact with vehicle #3 as he spun and it drove by in inside lane. Driver of vehicle #2 stated that he was south on S. 14th when #1 pulled out directly in front of him and he was unable to avoid the collision. Driver of vehicle #3 was south in inside lane when #1 pulled out in front of #2 and caused them to collide and then #1 spun around striking his vehicle. #3 attempted to avoid collision but could not avoid being struck. Witness Swanson was behind vehicle #2 and observed #1 to pull out in front of him and cause #2 to strike him. Witness Decker was behind #1 and saw him just pull out into the traffic and get hit by #2. South bound vehicles #2 and #3 had no traffic control ...

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME ADDRESS				PHONE
	Michelle J DECKER 7330 YOSEMITE DR, LINCOLN, NE				402-806-6739
WITNESSES	NAME ADDRESS				PHONE
	JENNIFER L SWANSON 3262 W. CHERRY RD, PICKRELL, NE				402-432-5405

VEHICLE MOVEMENT BEFORE COLLISION						POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS		VEH 1	1	VEH 2	1								
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME					VEHICLE 1				VEHICLE 2				VEHICLE 1				VEHICLE 2				TOTAL OCCUPANTS		VEH 1	1	VEH 2	1
1			X		PIONEERS	VEHICLE 1				VEHICLE 2				VEHICLE 1				VEHICLE 2				TOTAL OCCUPANTS		VEH 1	1	VEH 2	1				
2		X			S. 14TH	VEHICLE 1				VEHICLE 2				VEHICLE 1				VEHICLE 2				TOTAL OCCUPANTS		VEH 1	1	VEH 2	1				
1	06	06 Turning left				VEHICLE 1				VEHICLE 2				VEHICLE 1				VEHICLE 2				TOTAL OCCUPANTS		VEH 1	1	VEH 2	1				
2	01	07 Making U-turn				VEHICLE 1				VEHICLE 2				VEHICLE 1				VEHICLE 2				TOTAL OCCUPANTS		VEH 1	1	VEH 2	1				
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/Passing 05 Turning right 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown						08 Entering traffic lane				VEHICLE 1				VEHICLE 2				VEHICLE 1				VEHICLE 2				TOTAL OCCUPANTS		VEH 1	1	VEH 2	1
						09 Top & windows				VEHICLE 1				VEHICLE 2				VEHICLE 1				VEHICLE 2				TOTAL OCCUPANTS		VEH 1	1	VEH 2	1
						10 Undercarriage				VEHICLE 1				VEHICLE 2				VEHICLE 1				VEHICLE 2				TOTAL OCCUPANTS		VEH 1	1	VEH 2	1
						11 Total (all areas)				VEHICLE 1				VEHICLE 2				VEHICLE 1				VEHICLE 2				TOTAL OCCUPANTS		VEH 1	1	VEH 2	1
						12 Other				VEHICLE 1				VEHICLE 2				VEHICLE 1				VEHICLE 2				TOTAL OCCUPANTS		VEH 1	1	VEH 2	1
OFFICER NO. 1188						TROOP/TEAM/BEAT SW				DEPARTMENT Lincoln Police Department				VEHICLE 1				VEHICLE 2				TOTAL OCCUPANTS		VEH 1	1	VEH 2	1				
INVESTIGATOR NAME (Print or Type) Jeffrey Urkevich						INVESTIGATOR SIGNATURE Approved by Ofc Jeff Urkevich				VEHICLE 1				VEHICLE 2				TOTAL OCCUPANTS		VEH 1	1	VEH 2	1								

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 5

Local No./  
District 111

Agency  
Case No. B5-107347

STATE USE ONLY

Vehicle  
Codes  
from  
Overlay  
#2

DATE OF ACCIDENT (MM / DD / YYYY)

11/17/2015

PLACE  
OF  
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence  
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. PIONEERS/ S. 14TH

VEH. #	VEHICLE NO. 3										VEH. #				
3	DRIVER LICENSE NO.		G02030948				STATE (Of License)		NE	SEX	<input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	3			
M	DRIVER DOUGLAS L LUEDTKE						PHONE		402-466-5882		LOCAL NO.	1.			
N	DRIVER ADDRESS 8150 JOSHUA DR, LINCOLN, NE 68507						CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		03/21/1958	2.			
O	OWNER DOUGLAS L LUEDTKE						PHONE		402-466-5882		LOCAL NO.	3.			
P	OWNER ADDRESS 6311 THOMPSON CREEK CIR, LINCOLN, NE 68516						CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO		CITATION NO.	4.			
Q	LICENSE PLATE		TE	NO.	SKU321	YEAR (Plate Expires)		2016	STATE (Of Plate)		NE	5.			
1	VEHICLE		YEAR	2011	MAKE	Ford	MODEL	RNG	BODY STYLE	Pickup truck	COLOR	silver / chrome	ESTIMATED DAMAGE	<input type="radio"/> TOTALED \$ 3000	18
	VEHICLE ID NO. (VIN)		1FTLR4FE7BPA74295				INSURANCE COMPANY		GEICO				6.		
	TOWED TO UNKNOWN				TOWED BY CAPITAL TOWING				POLICY NO. 4293-83-76-31				35		

VEH. #	VEHICLE NO. 4										VEH. #				
4	DRIVER LICENSE NO.						STATE (Of License)			SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE	4			
M	DRIVER						PHONE				LOCAL NO.	1.			
N	DRIVER ADDRESS						CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)			2.			
O	OWNER						PHONE				LOCAL NO.	3.			
P	OWNER ADDRESS						CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> NO		CITATION NO.	4.			
Q	LICENSE PLATE		NO.			YEAR (Plate Expires)			STATE (Of Plate)			5.			
	VEHICLE		YEAR		MAKE		MODEL		BODY STYLE		COLOR		ESTIMATED DAMAGE	<input type="radio"/> TOTALED \$	6.
	VEHICLE ID NO. (VIN)						INSURANCE COMPANY								
	TOWED TO				TOWED BY				POLICY NO.						

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 3				RESTRAINT USE VEHICLE 3				TOTAL OCCUPANTS VEH 3 1 VEH 4																											
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																																						
3		X			S. 14TH																																						
4																																											
3	01				06 Turning left 07 Making U-turn 08 Entering traffic lane				POINT OF IMPACT				2				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 DOT approved helmet used 7 Costume helmet used 8 Restraint use unknown																										
4					09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				MOST DAMAGED AREA				02				VEHICLE 4																										
								00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other				01				02				03				04				05				06				07				08			

Complete this section for all injured persons										DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX M F	
VEH. #	NAME				ADDRESS													
	LOCAL NO.		MEDICAL FACILITY NAME				EMS SERVICE NAME				EMS RUN REPORT NO.							
VEH. #	NAME				ADDRESS													
	LOCAL NO.		MEDICAL FACILITY NAME				EMS SERVICE NAME				EMS RUN REPORT NO.							
VEH. #	NAME				ADDRESS													
	LOCAL NO.		MEDICAL FACILITY NAME				EMS SERVICE NAME				EMS RUN REPORT NO.							

# ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate  
North  
by Arrow

AGENCY CASE NO.

B5-107347

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 1188		TROOP/ TEAM/ BEAT SW		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Jeffrey Urkevich			INVESTIGATOR SIGNATURE Approved by Ofc Jeff Urkevich		DATE OF REPORT 11/17/2015

**70212**

## State of Nebraska

Investigator's Motor Vehicle Accident Description Continuation Report Sheet 5 of 5

Local No./  
District 111

Agency	
Case	
No.	B5-107347

STATE USE ONLY

DATE OF ACCIDENT (MM / DD / YYYY)

11/17/2015

**PLACE  
OF  
ACCIDENT**

COUNTY

Lancaster

CITY | Lincoln

ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO.

PIONEERS/ S. 14TH

deivces and right away south, #1 had a stop sign from Pioneers.

OFFICER NO.

1188

TROOP/  
TEAM/  
BEAT SW

DEPARTMENT

Lincoln Police Department

INVESTIGATOR NAME (Print or Type)

INVESTIGATOR SIGNATURE

Jeffrey Urkevich

Approved by Ofc Jeff Urkevich

DATE OF  
ACCIDENT

11/17/2015